



Dave Heineman
Governor

STATE OF NEBRASKA

DEPARTMENT OF LABOR

Catherine D. Lang, Commissioner
P.O. Box 94600 • Lincoln, NE 68509-4600
Phone: 402.471.9000 • www.dol.nebraska.gov

You have indicated that you are a student. The form on the back of this sheet requests approval to receive Unemployment Insurance while you are enrolled in a vocational training program.

If your application is approved, and you qualify for unemployment benefits, your benefits will continue while you attend training, even though full-time students cannot normally receive benefits. The requirements that you apply for and accept work will be waived during this time. No tuition or school expenses will be paid under this program.

Regardless of how long your training lasts, benefit payments will continue only as long as you are eligible for unemployment benefits and have a balance payable.

To be approved, the training program must give you skills that prepare you for jobs in demand in your area, and must be provided by a recognized training facility.

Your training cannot be approved if:

1. It is primarily intended to lead to a bachelor's or higher degree, or to prepare for jobs that require such a degree.
2. It is a correspondence program.
3. If it is based in part-time student hours as determined by the training facility.
4. It is determined that you quit your most recent job to attend school.

Complete all the information on the form (attach extra sheets if necessary) and return it by mail (no faxes please) to:

Nebraska Department of Labor
Benefits—Approved training
P.O. Box 94600
Lincoln, NE 68509-4600

Continued on reverse

Approved Training (AT) Application

Nebraska Department of Labor • Benefits - Approved Training • P.O. Box 94600 • Lincoln, NE 68509-4600

Complete information is required • For legibility, use dark blue or black ink ONLY. NO faxes please.

BYE: _____

NAME: _____

SOCIAL SECURITY NO: ____/____/____

Last

First

Middle Initial

1. Name of School or Facility _____

School Address _____

Street

City

State

Zip

2. Name of training course (e.g. accounting, nursing, CDL, welding) _____

3. Planned attendance date for the ENTIRE program: Start ____/____/____ End ____/____/____

4. Will you be attending school full-time? ☐ Yes ☐ No

If no, state the number of credit hours you will be taking and why you are not full-time: _____

5. The program will be completed:

☐ In the classroom/online

☐ Correspondence

☐ On the Job Training

6. Upon completion of the training program, you will receive (check one):

☐ Certificate

☐ Diploma

☐ Assoc. of Arts

☐ Assoc. of Science

☐ Assoc. of Applied Science

☐ Other

If other, explain _____

7. Are there any reasons, medical or other, that would prevent you from doing the kind of work you have done or been trained for?

☐ No

☐ Yes

If yes, explain on a separate sheet of paper and attach it to this form.

8. Have you applied for, or do you expect to receive, assistance payments while you attend training? ☐ Yes ☐ No

If yes, the amount and the purpose of the payments: _____

A. Will training be funded by:

B. If training funded by Vocational Rehabilitation or Veteran's Benefits:

The Trade Act ☐ Yes ☐ No

Are payments made directly to you ☐ Yes ☐ No

Workforce Investment Act (WIA) ☐ Yes ☐ No

If Yes, attach signed WIA letter.

9. Attach a separate sheet or resume that provides the following information:

A. Work History: Employment dates, job duties, rate of pay and reason for leaving (last 5 years or last 5 jobs)

B. Previous Training/Education: Course, dates, and type of certification/degree for any training/education since high school

Authorization for school/facility to release student information:

I certify that the information I have provided is true and complete to the best of my knowledge. I hereby authorize the training facility/school named above to release any and all information concerning my training to the Nebraska Department of Labor. This release is valid for two (2) years from the last date I attend this training.

10. Signature _____ Date Signed _____

(Eligibility for this program is based on Nebraska Administrative Code Title 225 Chapter 1)